PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

10/018402

		CLAIMS A			12.00			SMALL E	NTITY		OTHER	THAN
F	OTAL CLAIMS		(Colur	(Column 1)		(Column 2)		TYPE		OR		
								RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMI	NUMBER EXTRA		BASIC FEI		OR	BASIC FEE	890
TOTAL CHARGEABLE CLAIMS			54 minus 20=		. 34			X\$ 9=		OR	X\$18=	42
-	DEPENDENT (minus 3 =		•	6.		X42=		OR	X84=	1774	
L	ULTIPLE DEPE	NDENT CLAIM	PRESENT	RESENT				+140=			+280=	007
•1	the differenc	e in column 1 is	less than	ess than zero, enter "		column 2		TOTAL	-	OR	TOTAL	
	. (CLAIMS AS	AMENDE	IENDED - PART II				IOIAL	<u> </u>	OR		THAN
(Column 1) (Column 2) (Column 2)						(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 32	Minus	. 5	64 .	2	П	X\$ 9=		OR	X\$18=	
	Independent	2	Minus	1 9)		1	X42=		OR	X84≈ ·	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									-	+280=	
	•				_0.0		L	+140= TOTAL		OR	TOTAL	·
		(Column 1)		(Colun	m 21	(Column 3)		DDIT. FEE	<u> </u>	OR,	ADDIT. FEE	
AMENDMENT B		CLAIMS	11:	HIGH	EST		lr		ADDI-	1		4001
		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE
	Total	. 32	Minus	• 5	4	. –		X\$ 9=		OR	X\$18=	
	Independent	* Q	Minus	444 9	~	- /		X42=		OR	X84=	
	rinoi Phese	ENTATION OF MI	ULTIPLE DE	PENDENT	CLAIM		1	+140=			+280=	
							L	TOTAL		OR	TOTAL	
		(0-1 4)				4. 0	A	DOIT. FEE		OR A	DDIT. FEE	
		(Column 1)		(Colum		(Column 3)	_			_		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=	-	X42=			X84=	·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						H	/		OR	V04=	
• 11	the entry in selec-	ma 1 le loce then 4	o onto in!		m to act		Ŀ	140=		OR	+280=	
1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE	
7	he "Highest Nun	moer Previously Pai	d For (Total o	or Independer	ness than	i a, enter "3." highest number		DIT. FEE L	opriate box		_	